

This is an unofficial copy of the notice of proposal. The official version was published in the New Jersey Register at 38 N.J.R. 4141(a).

HEALTH AND SENIOR SERVICES

SENIOR SERVICES AND HEALTH SYSTEMS BRANCH

DIVISION OF HEALTH FACILITIES EVALUATION AND LICENSING

Proposed Readoption with Amendments: N.J.A.C. 8:39

Standards for Licensure of Long-Term Care Facilities

Authorized By: Fred M. Jacobs, M.D., J.D., Commissioner, Department of Health and Senior Services (with the approval of the Health Care Administration Board).

Authority: N.J.S.A. 26:2H-1 et seq., specifically 26:2H-5.

Calendar Reference: See Summary below for explanation of exception to calendar requirement.

Proposal Number: PRN 2006-320.

Submit written comments by December 1, 2006, to:

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Division of Healthcare Facilities Evaluation and Licensing
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The agency proposal follows:

Summary

N.J.A.C. 8:39 contains the rules governing the licensure of long-term care facilities in New Jersey. Pursuant to N.J.S.A. 26:2H-12, the Department has the authority to license health care facilities based upon findings that "the premises, equipment, personnel, including principals and management, finances, rules and bylaws, and standards of health care service are fit and adequate and there is reasonable assurance the health care facility will be operated in the manner required by this act and rules and regulations thereunder." The rules in this chapter are necessary to protect the health, safety and well-being of the residents of health care facilities in New Jersey in accordance with the Department's statutory mandate at N.J.S.A. 26:2H-1 et seq.

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N.J.A.C. 8:39, Standards for Licensure of Long-Term Care Facilities, first became effective January 1, 1978. 9 N.J.R. 171(c) (April 7, 1977), 9 N.J.R. 322(c) (July 7, 1977). Effective June 20, 1983, new rules were adopted at N.J.A.C. 8:39, as Chapters 30, 37 and 39 of Title 8 were repealed. 15 N.J.R. 279(a) (March 7, 1983), 15 N.J.R. 1022(b) (June 20, 1983). Effective June 20, 1988, new rules were adopted as part of the Department's Licensure Reform Project. 20 N.J.R. 469(a) (March 7, 1988), 20 N.J.R. 1432(a) (June 20, 1988). N.J.A.C. 8:39 was readopted on July 6, 1993. 25 N.J.R. 1474(a) (April 5, 1993), 25 N.J.R. 2878(a) (July 6, 1993). The Department adopted a new chapter September 21, 1994, effective January 1, 1995. 26 N.J.R. 1772(c) (May 2, 1994), 26 N.J.R. 4641(a) (November 21, 1994). Pursuant to the "sunset" provisions of Executive Order No. 66 (1978), N.J.A.C. 8:39 expired on November 21, 1999. New rules were adopted effective August 20, 2001. 32 N.J.R. 3003(a) (August 21, 2000), 33 N.J.R. 2851(a) (August 20, 2001). Pursuant to the "sunset" provisions of N.J.S.A. 52:14B-5.1/Executive Order No. 66 (1978), N.J.A.C. 8:39 was scheduled to expire on August 20, 2006, but by operation of N.J.S.A. 52:14B-5.1c, the expiration date of the chapter was extended to February 16, 2007.

The Department has reviewed the rules at N.J.A.C. 8:39 and has determined that they continue to be necessary, adequate, reasonable, efficient, understandable and responsive for the purposes for which they were originally promulgated. The rules proposed for readoption would continue to provide the regulatory framework for resident care in licensed facilities. The readoption of these rules, the technical amendments and the amendments proposed at N.J.A.C. 8:39-2.2, 43.13 and 43.15 would permit the Department to continue to ensure the quality of health care services provided by these facilities. The technical amendments proposed by the Department address a Departmental reorganization and physical relocation of the licensure program. Following is a summary of N.J.A.C. 8:39 and the proposed amendments.

N.J.A.C. 8:39-1.1 provides the scope and purpose of the rules of the chapter.

N.J.A.C. 8:39-1.2 contains definitions of terms used throughout the chapter.

N.J.A.C. 8:39-2.1 addresses the certificate of need requirement.

N.J.A.C. 8:39-2.2 provides the required fees and documents that must be submitted for licensure. The Department is amending subsection (a) by adding a reference to Appendix E, the "Application for a Healthcare Facility License," which is the form that the rule previously referenced. N.J.A.C. 8:39-2.2 also contains the requirement for new applicants to attend a pre-licensure conference with the Long-Term Care Licensing and Certification Program, and the evaluation of the applicant's track record, and addresses applicants' right to a hearing if a license is denied.

The Department is proposing to amend N.J.A.C. 8:39-2.2(b) by adding a fee of \$250.00 for an application for a reduction in services or beds. Pursuant to N.J.S.A. 26:2H-12, the Department is authorized to charge a fee for the filing of an application

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and the issuance of a license. In 2004, the Department adopted amendments to the rules governing Health Care Facility Licensure and Inspection Fees at N.J.A.C. 8:36 (governing assisted living residences, comprehensive personal care homes and assisted living programs), 8:39 (governing long-term care facilities), 8:43A (governing ambulatory care facilities), 8:43F (governing adult and pediatric day health care facilities), 8:43G (governing general acute care, special or psychiatric hospitals), and 8:43H (governing rehabilitation hospitals). 35 N.J.R. 4838(a) (October 20, 2003); 36 N.J.R. 1962(a) (April 19, 2004). The Department added a fee for reduction in services to N.J.A.C. 8:36 at 8:36-2.2(f), to N.J.A.C. 8:43A at 8:43A-2.2(h), to N.J.A.C. 8:43F at 8:43F-1.3(a)3, to N.J.A.C. 8:43G at 8:43G-2.2(d), and to N.J.A.C. 8:43H at 8:43H-2.5(k). *Ibid.* The Department intended to add a corresponding fee for reduction in beds or services to N.J.A.C. 8:39-2.2, but inadvertently omitted doing so in that rulemaking. Therefore, the Department is proposing to add the fee to the application review fee schedule in this rulemaking.

N.J.A.C. 8:39-2.3 requires that any renovation, construction or expansion of a facility must be completed in accordance with N.J.A.C. 8:39-31, Mandatory Physical Environment.

N.J.A.C. 8:39-2.4 delineates the conditions for licensure, including the survey process, the necessary forms and approvals from local authorities, which must be submitted to the Long-Term Care Licensing and Certification Program, the issuance of a new license, and the conditions for annual licensure renewal. The Department is proposing to amend N.J.A.C. 8:39-2.4(e)1 by adding a reference to Appendix F, the "Application for a Healthcare Facility License Renewal," which is sent to applicants along with the request for a renewal fee. The renewal application is sent to licensed facilities with pre-printed information that the licensee has previously provided to the Department. The applicant verifies this information and returns the renewal application with their renewal fee.

N.J.A.C. 8:39-2.5 delineates the procedures for the surrender of a license.

N.J.A.C. 8:39-2.6 contains the procedures that facilities must follow in order to request a waiver of specific sections of the rules and a requirement for the Department to issue a written confirmation of either a grant or denial of each waiver request.

N.J.A.C. 8:39-2.7 states that violations of Subchapter 2 may result in action by the Department, in accordance with N.J.A.C. 8:43E.

N.J.A.C. 8:39-2.8 specifies that, in accordance with N.J.A.C. 8:33H-1.6, the Department recognizes only two special long-term care services, both of which require a certificate of need: behavioral management and ventilator care.

N.J.A.C. 8:39-2.9 delineates the requirements for facilities that provide hemodialysis services.

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N.J.A.C. 8:39-2.10 delineates the requirements for facilities that provide peritoneal dialysis.

N.J.A.C. 8:39-2.11 contains the provisions governing the addition of long-term care beds through the "add-a-bed" process, pursuant to N.J.S.A. 26:2H-7.2.

N.J.A.C. 8:39-2.12 delineates the procedures for a transfer of ownership of a facility.

N.J.A.C. 8:39-3.1 addresses mandatory rules, the rules in Chapter 39 that contain minimum and essential standards of care. Facilities are required to comply with the mandatory rules in order to avoid a deficiency for which the Department may take enforcement action.

N.J.A.C. 8:39-3.2 explains advisory standards, which are benchmarks of excellence in providing high quality care. Facilities are not required to comply with the advisory standards, but are encouraged to do so.

N.J.A.C. 8:39-3.3 addresses the manner in which compliance with advisory standards will be calculated.

N.J.A.C. 8:39-4.1 lists the mandatory resident rights.

N.J.A.C. 8:39-5.1 provides mandatory policies and procedures for access to care.

N.J.A.C. 8:39-5.2 provides admission standards.

N.J.A.C. 8:39-5.3 delineates the rules for the transfer of a resident.

N.J.A.C. 8:39-5.4 provides the standards for discharging a resident.

N.J.A.C. 8:39-6.1 provides advisory standards for access to care.

N.J.A.C. 8:39-7.1 delineates the requirements for the organization of resident activities.

N.J.A.C. 8:39-7.2 addresses staffing levels for resident activities.

N.J.A.C. 8:39-7.3 addresses resident activities services to be provided.

N.J.A.C. 8:39-7.4 delineates the requirements for activities space and environment.

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N.J.A.C. 8:39-8.1 provides advisory standards for resident activities.

N.J.A.C. 8:39-8.2 establishes advisory standards for the qualifications of directors of resident activities.

N.J.A.C. 8:39-8.3 addresses advisory staffing levels for resident activities.

N.J.A.C. 8:39-8.4 contains the standards for advisory resident activities services.

N.J.A.C. 8:39-9.1 addresses facility ownership and management.

N.J.A.C. 8:39-9.2 lists the qualifications and responsibilities of the administrator.

N.J.A.C. 8:39-9.3 provides for and lists the mandatory policies and procedures for staff.

N.J.A.C. 8:39-9.4 delineates the circumstances for mandatory notification of reportable events.

N.J.A.C. 8:39-9.5 contains the mandatory policies and procedures for residents' accounts.

N.J.A.C. 8:39-9.6 provides the mandatory policies and procedures for advance directives.

N.J.A.C. 8:39-10.1 contains advisory standards for administration.

N.J.A.C. 8:39-10.2 contains advisory standards for the qualifications of the administrator.

N.J.A.C. 8:39-10.3 establishes advisory standards for staff education and training.

N.J.A.C. 8:39-11.1 provides for the mandatory completion of resident assessment and the coordination of care plans.

N.J.A.C. 8:39-11.2 establishes the mandatory policies and procedures for resident assessment and care plans.

N.J.A.C. 8:39-12.1 provides advisory standards for resident assessment and care plans.

N.J.A.C. 8:39-12.2 provides advisory standards for off-site health care services.

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N.J.A.C. 8:39-13.1 delineates the requirements for communication policies and procedures in a facility.

N.J.A.C. 8:39-13.2 delineates the requirements for resident communication services.

N.J.A.C. 8:39-13.3 addresses the communication qualifications of a facility's staff.

N.J.A.C. 8:39-13.4 lists the mandatory communication education and training for staff.

N.J.A.C. 8:39-14.1 provides the advisory communication standards for resident services.

N.J.A.C. 8:39-14.2 contains the advisory staff education and training standards.

N.J.A.C. 8:39-15.1 describes requirements for resident dental services.

N.J.A.C. 8:39-16.1 provides advisory standards for resident dental services.

N.J.A.C. 8:39-17.1 delineates the required structural organization for resident dietary services.

N.J.A.C. 8:39-17.2 establishes the mandatory policies and procedures for dietary services.

N.J.A.C. 8:39-17.3 addresses dietary services staffing.

N.J.A.C. 8:39-17.4 lists the required dietary services that are to be provided to residents.

N.J.A.C. 8:39-18.1 provides an advisory structural organization for dietary services.

N.J.A.C. 8:39-18.2 provides advisory qualifications for the director of dietary services.

N.J.A.C. 8:39-18.3 contains standards for advisory dietary services staffing.

N.J.A.C. 8:39-18.4 lists the advisory dietary services that may be provided to residents.

N.J.A.C. 8:39-18.5 provides for advisory dietary supplies and equipment.

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N.J.A.C. 8:39-19.1 requires facilities to establish an infection prevention and control program and provides the organization for the program.

N.J.A.C. 8:39-19.2 delineates the required employee health policies.

N.J.A.C. 8:39-19.3 addresses mandatory waste removal policies and procedures.

N.J.A.C. 8:39-19.4 addresses mandatory infection and sanitation control policies and procedures.

N.J.A.C. 8:39-19.5 lists staff qualifications and the required employee health history and exams.

N.J.A.C. 8:39-19.6 contains the required space and environment for a facilities water supply.

N.J.A.C. 8:39-19.7 contains the space and environment standards for sanitation and waste management.

N.J.A.C. 8:39-19.8 delineates the required equipment and supplies for infection control and sanitation.

N.J.A.C. 8:39-20.1 provides advisory standards for infection control.

N.J.A.C. 8:39-20.2 contains the advisory standards for the qualifications of the infection control coordinator.

N.J.A.C. 8:39-20.3 delineates the advisory standards for staff education and training for infection control.

N.J.A.C. 8:39-21.1 describes the policies and procedures for laundry services.

N.J.A.C. 8:39-21.2 delineates the space and environment requirements for laundry facilities.

N.J.A.C. 8:39-21.3 lists the required supplies and equipment for laundry facilities.

N.J.A.C. 8:39-21.4 requires laundry services to be addressed as part of the quality assurance program.

N.J.A.C. 8:39-22 is reserved.

N.J.A.C. 8:39-23.1 delineates the requirements for the structural organization of medical services.

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N.J.A.C. 8:39-23.2 delineates mandatory medical services that a facility is to offer.

N.J.A.C. 8:39-23.3 addresses the maintenance and staff requirements for a defibrillator.

N.J.A.C. 8:39-24.1 provides advisory standards for the qualifications of the medical staff.

N.J.A.C. 8:39-24.2 provides for advisory resident medical services.

N.J.A.C. 8:39-25.1 delineates the requirements for policies and procedures addressing nurse staffing.

N.J.A.C. 8:39-25.2 lists the required nurse staffing and availability.

N.J.A.C. 8:39-26.1 provides advisory standards for a facilities nurse staffing structural organization.

N.J.A.C. 8:39-26.2 lists advisory policies and procedures for nurse staffing.

N.J.A.C. 8:39-26.3 provides advisory nurse staffing standards.

N.J.A.C. 8:39-26.4 establishes advisory qualifications for nurse staffing.

N.J.A.C. 8:39-27.1 delineates the required policies and procedures addressing quality of care.

N.J.A.C. 8:39-27.2 lists the mandatory resident services for personal care.

N.J.A.C. 8:39-27.3 addresses required general resident services.

N.J.A.C. 8:39-27.4 establishes required post-mortem policies and procedures.

N.J.A.C. 8:39-27.5 provides for required resident care supplies and equipment.

N.J.A.C. 8:39-28.1 provides the advisory standards for policies and procedures for resident care.

N.J.A.C. 8:39-28.2 lists advisory resident care services.

N.J.A.C. 8:39-29.1 delineates the requirements for pharmacy organization.

N.J.A.C. 8:39-29.2 lists the required drug administration policies and procedures.

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N.J.A.C. 8:39-29.3 provides for mandatory pharmacy reporting policies and procedures.

N.J.A.C. 8:39-29.4 establishes the required pharmacy control policies and procedures.

N.J.A.C. 8:39-29.5 contains the required pharmacy staff qualifications.

N.J.A.C. 8:39-29.6 establishes the required resident pharmacy services.

N.J.A.C. 8:39-29.7 lists the required pharmacy supplies and equipment.

N.J.A.C. 8:39-29.8 contains the required pharmacy quality assurance standards.

N.J.A.C. 8:39-30.1 provides advisory pharmacy staffing standards.

N.J.A.C. 8:39-30.2 contains the standards for advisory resident services.

N.J.A.C. 8:39-30.3 provides the advisory provider formulary criteria.

N.J.A.C. 8:39-30.4 contains the advisory standards for consultant pharmacist certification.

N.J.A.C. 8:39-31.1 delineates the required construction standards.

N.J.A.C. 8:39-31.2 contains the required general maintenance standards.

N.J.A.C. 8:39-31.3 mandates quality assurance standards for housekeeping.

N.J.A.C. 8:39-31.4 lists the required housekeeping policies and procedures.

N.J.A.C. 8:39-31.5 addresses pest control in the facility.

N.J.A.C. 8:39-31.6 lists the requirements for fire and emergency preparedness.

N.J.A.C. 8:39-31.7 contains mandatory safety requirements.

N.J.A.C. 8:39-31.8 addresses the required space and environment standards for all facilities.

N.J.A.C. 8:39-32.1 provides advisory standards for general maintenance.

N.J.A.C. 8:39-32.2 delineates the advisory standards for fire and emergency preparedness.

N.J.A.C. 8:39-32.3 contains advisory safety standards.

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N.J.A.C. 8:39-33.1 delineates the required organizational structure for a facility's quality assessment and/or quality improvement program.

N.J.A.C. 8:39-33.2 contains the required quality assessment and/or quality improvement program's policies and procedures.

N.J.A.C. 8:39-33.3 mandates the quality assessment and/or quality improvement program to address resident services.

N.J.A.C. 8:39-33.4 requires the quality assessment and/or quality improvement program to address staff education and training.

N.J.A.C. 8:39-34.1 provides advisory standards for quality assessment and/or quality improvement.

N.J.A.C. 8:39-35.1 provides the mandatory organization for medical records.

N.J.A.C. 8:39-35.2 delineates the requirements for medical records policies and procedures.

N.J.A.C. 8:39-36.1 provides advisory standards for medical records policies and procedures.

N.J.A.C. 8:39-36.2 contains advisory standards for staff education and training for medical records.

N.J.A.C. 8:39-36.3 contains advisory standards for qualifications for a medical records practitioner or consultant.

N.J.A.C. 8:39-37.1 contains the requirements for rehabilitation policies and procedures.

N.J.A.C. 8:39-37.2 lists the mandatory rehabilitation staff qualifications.

N.J.A.C. 8:39-37.3 contains the required rehabilitation staffing amounts and availability.

N.J.A.C. 8:39-37.4 lists the required rehabilitation supplies and equipment.

N.J.A.C. 8:39-38.1 provides advisory rehabilitation staff qualifications.

N.J.A.C. 8:39-38.2 contains advisory rehabilitation space and environment standards.

N.J.A.C. 8:39-38.3 lists advisory rehabilitation supplies and equipment.

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N.J.A.C. 8:39-39.1 delineates the required social work policies and procedures.

N.J.A.C. 8:39-39.2 provides the required social work staff qualifications.

N.J.A.C. 8:39-39.3 delineates the required social work staffing standards.

N.J.A.C. 8:39-39.4 lists the required resident social work services that are to be provided.

N.J.A.C. 8:39-39.5 contains the space and environment requirements for social work services.

N.J.A.C. 8:39-40.1 provides the advisory staff qualifications for social work.

N.J.A.C. 8:39-40.2 contains the advisory social work staffing standards.

N.J.A.C. 8:39-40.3 lists the advisory resident social work services.

N.J.A.C. 8:39-40.4 contains advisory space and environment standards for social work services.

N.J.A.C. 8:39-40.5 provides advisory standards for social work staff education and training.

N.J.A.C. 8:39-41 and 42 are reserved.

N.J.A.C. 8:39-43.1 provides the requirements for nurse aide competency.

N.J.A.C. 8:39-43.2 delineates the requirements for certification of nurse aides in long-term care facilities.

N.J.A.C. 8:39-43.3 addresses exceptions to the requirement that prior to sitting for the Department's written/oral examination an applicant for certification as a nurse aide must complete a nurse aide training course and clinical skills evaluation.

N.J.A.C. 8:39-43.4 addresses the nurse aide certificate.

N.J.A.C. 8:39-43.5 provides for the revocation and suspension of a nurse aide certificate.

N.J.A.C. 8:39-43.6 addresses recertification of nurse aides.

N.J.A.C. 8:39-43.7 provides for the establishment of a nurse aide registry.

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N.J.A.C. 8:39-43.8 provides for a hearing for a nurse aide accused of resident abuse, resident neglect, or misappropriation of resident property.

N.J.A.C. 8:39-43.9 addresses equivalency for nurse aides registered in other states.

N.J.A.C. 8:39-43.10 establishes the standards that a nurse aide in long-term care facility program must satisfy in order to receive Departmental approval.

N.J.A.C. 8:39-43.11 provides for the evaluation of a nurse aide training program.

N.J.A.C. 8:39-43.12 establishes the student records that a nurse aide training program must keep.

N.J.A.C. 8:39-43.13 delineates the process through which the Department may deny approval for or terminate a nurse aide in long-term care facilities training program. The amendment proposed to this rule would add a subsection addressing the hearing rights of a nurse aide training and/or skills competency evaluation program whose approval the Department has proposed to deny, suspend, or revoke. This standard was inadvertently deleted during a revision of this chapter in 2000-2001. (See 32 N.J.R. 3003(a) (August 21, 2000); 33 N.J.R. 2851(a) (August 20, 2001)).

N.J.A.C. 8:39-43.14 lists the responsibilities of the administrator of a nurse aide in long-term care facilities training program.

N.J.A.C. 8:39-43.15 delineates the requirements for employment of a nurse aide. The proposed amendment to N.J.A.C. 8:39-43.15 would remove the telephone number, which is no longer in service and would add the website for Promissor as the means in which a facility is to make an inquiry to the New Jersey nurse aide registry.

N.J.A.C. 8:39-43.16 lists the nurse aide functions.

N.J.A.C. 8:39-43.17 provides the mandatory nurse aide education and training standards.

N.J.A.C. 8:39-43.18 lists the fees charged by the testing agencies and by the Department.

N.J.A.C. 8:39-44.1 provides the scope and focus of a facility that provides respite care services.

N.J.A.C. 8:39-44.2 establishes the policies and procedures that a facility offering respite care services is required to address.

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N.J.A.C. 8:39-44A.1 provides advisory staffing standards for respite care services.

N.J.A.C. 8:39-45.1 addresses the scope and purpose of an Alzheimer's/Dementia program.

N.J.A.C. 8:39-45.2 delineates the mandatory data reporting requirements for a facility with an Alzheimer's/Dementia program.

N.J.A.C. 8:39-46.1 provides advisory policies and procedures for an Alzheimer's/Dementia program.

N.J.A.C. 8:39-46.2 contains advisory staffing standards for Alzheimer's/Dementia programs.

N.J.A.C. 8:39-46.3 contains advisory environmental modification standards for an Alzheimer's/Dementia program.

N.J.A.C. 8:39-46.4 contains advisory activity programming for an Alzheimer's/Dementia program.

N.J.A.C. 8:39-46.5 lists advisory nutrition standards for an Alzheimer's/Dementia program.

N.J.A.C. 8:39-46.6 provides advisory social services standards for an Alzheimer's/Dementia program.

N.J.A.C. 8:39-47.1 establishes the scope of the rules of Subchapter 47, addressing a subacute care unit in an acute care general hospital.

N.J.A.C. 8:39-47.2 contains definitions of terms used throughout Subchapter 47.

N.J.A.C. 8:39-47.3 provides for licensure of hospital-based subacute units.

N.J.A.C. 8:39-47.4 delineates the licensure requirements of hospital-based subacute units.

N.J.A.C. 8:39-47.5 establishes the licensure renewal requirements for hospital-based subacute units.

Appendix A provides a copy of "Guidelines and Considerations for Pet Facilitated Therapy in New Jersey Institutions."

Appendix B provides a copy of "Guidelines for the Management of Inappropriate Behavior and Resident to Resident Abuse."

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Appendix C provides a copy of the "Hospital and Nursing Home Patient Transfer Form and Plan of Care."

Appendix D provides a copy of "Guidelines for the Use of Restraints."

Appendix E provides a copy of the "Application for a Healthcare Facility License," commonly known as the "application."

Appendix F provides a copy of the "Application for a Healthcare Facility License Renewal," commonly known as the "renewal application."

As the Department has provided a 60-day comment period for this notice of proposal, this notice is excepted from the rulemaking calendar requirement, pursuant to N.J.A.C. 1:30-3.3(a).

Social Impact

N.J.A.C. 8:39 establishes the requirements and advisory standards for the licensure of long-term care facilities. The intent of the rules is to ensure the quality of care provided to the residents of long-term care facilities. The rules proposed for readoption with amendments will be beneficial to consumers and providers of long-term care services in the State of New Jersey.

Individuals who are affected by the rules include the entities that own and operate the facilities, the residents of these facilities, family members/caregivers, as well as staff who work at the facilities.

The rules proposed for readoption with amendments have provided, and would continue to ensure, that long-term care facilities continue to provide quality services to the frail elderly residents who require long-term care. Furthermore, the rules will continue to provide long-term care facilities, nurse aide, and nurse aide program providers with a clear delineation of the requirements for licensure and/or operation in New Jersey. The proposed amendment to N.J.A.C. 8:39-43.13(d) details the hearing rights of a nurse aide training and/or skills competency evaluation program, whose approval the Department has proposed to deny, suspend or revoke.

Economic Impact

The rules proposed for readoption with amendments should have no additional economic impact on consumers, providers, nurse aide, nurse aid program providers or the Department, because the rules proposed for readoption would not alter the operational standards set forth in the current rules. As the rules proposed for readoption do not impose any new or additional economic burdens on the regulated industry, the Department does not anticipate that the rules proposed for readoption would have an additional economic impact on long-term care facilities. The rules proposed for

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readoption do not impose any additional costs on the State. The rules proposed for readoption would not place any economic burden on the participants or on the Department.

The licensing fees that are specified in Subchapter 2 will continue to result in costs to licensed facilities. Licensure costs are proposed at N.J.A.C. 8:39-2.2, and are unchanged, except for the addition of a fee for the reduction in beds or services, which is discussed below. The initial licensure fee, annual renewal fee, and add-a-bed fee each remain \$1,500 plus \$15.00 per bed. The fee when hemodialysis is provided to residents in the facility by the facility remains \$1,125. The fee when hemodialysis is provided to residents in the facility by a separate provider remains \$750.00. The fee to relocate a licensed facility within the same county remains \$375.00. The application fee for the transfer of ownership remains \$2,500 plus \$15.00 per bed.

The Department is proposing to add an application fee of \$250.00 for a reduction in services or beds by a facility. This fee, which the Department has been charging facilities, is charged infrequently and only to those facilities who elect to reduce beds or services, which necessitates a change in the facility's license. The fee is justified because the Department must review the applicant's licensure file, issue a new license to the applicant, and correspond with the applicant.

The proposed amendment to N.J.A.C. 8:39-43.15 deletes a telephone number that is no longer in use and adds the website for Promissor, as the means that a facility is to employ when making an inquiry as to a nurse aides status prior to employment. Facilities without internet access would need to find a means of accessing the internet, which can be done for free at a public library. In that case, the facility would incur expenses related to traveling to and from the library. The Department anticipates that these expenses would be minimal.

The rules proposed for readoption have required, and will continue to require licensed facilities, to incur costs associated with the requirements for services and staffing in the areas of resident activities, administration, resident assessment and care plans, communication, dietary services, dental services, infection control and sanitation, medical services, nurse staffing, laundry services, pharmacy services, quality assessment, medical records, rehabilitation, social work, and physical environment. As these costs vary widely based on the census and location of a facility, the Department is unable to estimate the economic impact of these services as a whole.

Additionally, there are costs associated with the requirements for certification of nurse aides in long-term care facilities, including the fees for certification, recertification, examinations, and criminal background checks, as well as those incurred by the providers of training programs.

Assistance in the preparation of waivers and documentation of reasons for requests of waivers may result in costs to facilities. In addition, penalties assessed for

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the failure of licensees to meet the standard of care or safety requirements in the rules would result in costs to a facility. The appeal of such a penalty may result in the licensee incurring costs for professional services, such as those of attorneys. However, such services are not specifically required by the rules.

The proposed amendment to N.J.A.C. 8:39-43.13 adds subsection (d) addressing the hearing rights of a nurse aide training and/or skills competency evaluation program whose approval the Department has proposed to deny, suspend or revoke. The nurse aide training and/or skills competency evaluation program may incur professional fees, such as those of attorneys, in the appeal of a denial, suspension or revocation of approval. However, such services are not specifically required by the rule.

Federal Standards Statement

The rules proposed for readoption and the proposed amendments meet the Federal standards for long-term care facilities, which are contained at 42 CFR; therefore, rules proposed for readoption and the proposed amendments do not exceed the Federal standards. Therefore, a Federal standards analysis is not required.

Jobs Impact

The Department does not anticipate that the rules proposed for readoption with amendments would result in an increase or decrease in the number of jobs available in the State. Failure to readopt these rules would result in the loss of jobs in the State, as the long-term care facilities licensed under these rules would be required to close as there would be no licensure standards at that point.

Agriculture Industry Impact

The rules proposed for readoption with amendments would not impact the agriculture industry.

Regulatory Flexibility Analysis

The rules proposed for readoption impose reporting, recordkeeping and compliance requirements on licensed long-term care facilities, nurse aides, nurse aide program providers and the State. The reporting, recordkeeping and compliance requirements are unchanged from the current rules and are discussed in the Summary above. The rules proposed for readoption do not impose any additional requirements on facilities.

N.J.A.C. 8:39 sets forth standards for licensure of long-term care facilities. The standards proposed for readoption and the proposed amendments are identical to the existing standards. Approximately 90 of the 371 licensed long-term care facilities in New

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Jersey have fewer than 100 full-time employees, and would thus be considered small businesses under the Regulatory Flexibility Act, N.J.S.A. 52:14B-16 et seq.

Required services must be documented when provided to residents. Financial reports and statistical data are being collected by facilities. Each facility must retain records of the existence of an advance directive. Laws requiring facilities to maintain records of the handling of regulated medical waste are in place. The areas in which other compliance requirements are imposed, resulting in costs being incurred by facilities, are listed in the Economic Impact above.

Professional services required by the rules include licensed nursing home administrators, registered dietitians, registered nurses, registered pharmacists, social workers, and physicians, to the extent needed by residents of the facilities, as well as those professionals required to maintain the physical plant. As these costs will vary between facilities based upon resident needs, the Department is unable to estimate the cost of the impact of these requirements.

The Department has determined that compliance with the rules proposed for readoption and the proposed amendments are necessary for all facilities that provide long-term care services, in the interest of public health and safety, and that there should be no differentiation in requirements based on business size, as these are the minimum standards necessary to comply with the Federal requirements.

Smart Growth Impact

The Department does not anticipate that the rules proposed for readoption with amendments would have an impact on the achievement of smart growth or implementation of the State Development and Redevelopment Plan.

Full text of the rules proposed for readoption may be found in the New Jersey Administrative Code at N.J.A.C. 8:39.

Full text of the proposed amendments follows (additions indicated in **boldface** thus; deletions indicated in brackets [thus]):

8:39-2.1 Certificate of need

(a) (No change.)

(b) Application forms for a certificate of need and instructions for completion may be obtained from:

**Office of Certificate of Need [Review Services] and Healthcare Facility
Licensure**

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Division of [Health Care Systems Analysis] **Healthcare Facilities Evaluation and Licensing**

New Jersey State Department of Health and Senior Services

PO Box [360] **358**

Trenton, NJ 08625-[0360] **0358**

(c) (No change.)

8:39-2.2 Application for licensure

(a) Following acquisition of a certificate of need, or a determination that a certificate of need is not required, any person, organization, or corporation desiring to operate a facility shall make application to the Commissioner for a license on [forms prescribed by the Department] Appendix E, incorporated herein by reference which includes information regarding facility ownership, corporate officers and stockholders, and approval forms from local building, fire, health and zoning departments. [Such forms] **A license application** may be obtained from:

[Long-Term Care Licensing and Certification] **Office of Certificate of Need and Healthcare Facility Licensure**

Division of [Long-Term Care Systems] **Healthcare Facilities Evaluation and Licensing**

New Jersey State Department of Health and Senior Services

PO Box [367] **358**

Trenton, NJ 08625-[0367] **0358**

(b) The Department shall charge the following nonrefundable fees:

Annual licensure fee (new and renewal)	\$1,500 plus \$15.00 per bed
Add-a-bed	\$1,500 plus \$15.00 per additional bed
Hemodialysis provided by the LTC facility	\$1,125
Hemodialysis provided by a separate provider	\$750.00
Relocation of a facility (within the same county)	\$375.00
Transfer of ownership (includes initial licensure fee)	\$2,500 plus \$15.00 per bed
Reduction in services or beds	\$250.00

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Neither the maximum annual licensure fee nor the fee for transfer of ownership for any single facility shall exceed \$4,000.

(c) -(e) (No change.)

8:39-2.4 Surveys and license

(a)-(d) (No change.)

(e) The license shall be granted for a period of one year, unless suspended or revoked, and shall be renewable annually on the original licensure date, or within 30 days thereafter, in accordance with the following:

1. The facility shall receive a request for renewal fee as provided in N.J.A.C. 8:39-2.2(b), **along with an application for a healthcare facility license renewal, Appendix F, incorporated herein by reference**, 30 days prior to the expiration of the license. A renewal license shall not be issued unless the licensure fee **and the renewal application** is received by the Department; and

2. (No change.)

(f)-(h) (No change.)

8:39-2.11 Add-a-bed

(a) (No change.)

(b) The Department shall charge a nonrefundable fee of \$ 1,500 plus \$ 15.00 per additional bed for the filing of an application to add beds to increase a facility's total licensed capacity. Applicants shall contact the [Long Term Care Licensing and Certification Program] **Office of Certificate of Need and Healthcare Facility Licensure** at (609) 633-9042 to obtain Add-a-bed application forms. The completed forms, along with scaled floor plans and the appropriate fee, must be forwarded to the Department at the following address:

[Director
Long Term Care Licensing and Certification Program]
Office of Certificate of Need and Healthcare Facility Licensure
Division of Healthcare Facilities Evaluation and Licensing
New Jersey Department of Health and Senior Services
PO Box [367] **358**
Trenton, New Jersey 08625-[0367] **0358**

(c) (No change.)

8:39-13.4 Mandatory staff education and training for communication

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(a)-(b) (No change.)

(c) At least one education training program each year shall be held for all employees on each of the following topics:

1-3. (No change.)

4. Training in the specialized care of residents who are diagnosed by a physician as having Alzheimer's disease. The required training program shall be in conformance with the curriculum developed by the Department in accordance with N.J.S.A. 26:2M-7.2 (for certified nurse aides, licensed practical nurses, registered professional nurses and other health care professionals who provide direct care to residents within the facility);

i. Copies of the mandatory training program may be obtained from the Department by submitting a written request to:

[Long-Term Care Licensing and] **Certification Program**

Division of [Long-Term Care Systems] **Healthcare Facilities Evaluation and Licensing**

New Jersey State Department of Health and Senior Services

PO Box 367

Trenton, NJ 08625-0367; and

5. (No change.)

8:39-43.13 Denial or termination of a nurse aide in long-term care facilities training program

(a)-(c) (No change.)

(d) If the Department proposes to deny, suspend, or revoke approval of a nurse aide training and/or skills competency evaluation program, except where governed by the Federal requirements noted in (c) above, the facility or educational institution may, within 30 days, request a hearing which shall be conducted pursuant to the Administrative Procedure Act, N.J.S.A. 52:14B-1 et seq. and 52:14F-1 et seq., and the Uniform Administrative Procedure Rules, N.J.A.C. 1:1.

Recodify existing (d)-(h) as (e)-(i) (No change in text.)

8:39-43.15 Employment of a nurse aide

(a) No licensed long-term care facility shall employ a person as a nurse aide without making inquiry to the New Jersey nurse aide registry [at 1-800-274-8970] **on**

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the Promissor website at <http://www.promissor.com>, and to any other state where the facility believes the nurse aide is registered.

(b)-(c) (No change.)

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Appendix E

New Jersey Department of Health and Senior Services
Division of Health Facilities Evaluation and Licensing
PO Box 358
Trenton, NJ 08625-0358

APPLICATION FOR A HEALTH CARE FACILITY LICENSE

Type of Application: <input type="checkbox"/> New – CN#: _____ <input type="checkbox"/> New – No CN Required, ID#: _____ <input type="checkbox"/> Transfer of Ownership #: _____ <input type="checkbox"/> Other: _____		Date of Application: Check/Money Order #: No: _____		Date of Check/Money Order: Amount of Check/Money Order: \$ _____	
Official Name of Facility (Provider Name):				EIN Number:	
Site Address:					
City:		State:	Zip:	County:	
Telephone Number:		Fax Number:		Email Address:	
Name of Administrator:				License Number (LNHA/CALA if applicable):	
Emergency Contact:					
Emergency Telephone:		Emergency Fax Number:		Emergency Email Address:	
Mailing Address (if different from above):					
City:		State:	Zip:	County:	
Owner / Corporate Name (<u>Licensed Operator</u>):				EIN Number:	
Doing Business As (if applicable):					
Address:					
City:		State:	Zip:	County:	
Telephone Number:		Fax Number:		Email Address:	

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Management Company (if applicable):				
Address:				
City:	State:	Zip:	County:	
Telephone Number:	Fax Number:		Email Address:	
Contact:		Title:		

<u>Primary Type of Facility (check one)</u> <input type="checkbox"/> Adult Day Health Services <input type="checkbox"/> Alternate Family Care <input type="checkbox"/> Assisted Living Program <input type="checkbox"/> Assisted Living Residence <input type="checkbox"/> Comprehensive Personal Care Home	<input type="checkbox"/> Hospital Based Subacute <input type="checkbox"/> Pediatric Day Health Services <input type="checkbox"/> Residential Health Care Facility <input type="checkbox"/> Other: _____	<input type="checkbox"/> Long-Term Care T18 only <input type="checkbox"/> Long-Term Care T19 only <input type="checkbox"/> Long-Term Care T18/19 <input type="checkbox"/> Long-Term Care Private
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<u>Enter the Quantity of all Beds / Slots at this Location</u> Adult Day Health Service Slots Assisted Living Beds Comprehensive Personal Care Beds..... Hospital Based Subacute.....	Long-Term Care Beds..... Pediatric Day Health Slots..... Residential Health Care Beds..... Other / Type _____
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<u>Type of Ownership (check one)</u>				
For-Profit____(Y/N)	Non-Profit____(Y/N)	Facility is Hospital Based____(Y/N)	Government Owned ____ (Y/N)	
<input type="checkbox"/> *Corporation	<input type="checkbox"/> Proprietorship	<input type="checkbox"/> Limited Liability Corp.	<input type="checkbox"/> Federal	<input type="checkbox"/> City
<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Religious Affiliation	<input type="checkbox"/> State	<input type="checkbox"/> City/County
<input type="checkbox"/> Other(specify)_____			<input type="checkbox"/> County	<input type="checkbox"/> Hospital District

<p><i>*If the corporate entity is a wholly-owned subsidiary, identify the parent corporation below:</i></p> <p>Name: _____</p> <p>Address: _____</p> <p>City/ST/Zip: _____</p>	
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Building Ownership (check one)

- ____ Wholly owned by licensed operator identified on page one
____ Leased (Identify owner of physical assets and submit a copy of the signed lease):

Name and Title of Individual or Current Registered Agent Upon Whom Orders May Be Served (Must be NJ Resident)

Name: _____

Address: _____

City/ST/Zip: _____

OWNER, OFFICERS, PARTNERS, STOCKHOLDERS, OR CORPORATE OFFICERS

- *IDENTIFY 100% OF THE OWNERSHIP BELOW* (attach additional sheets if necessary)
- *For a publicly held corporation, identify all stockholders with 10% or more of the outstanding stock*
- ***If an owner, partner or shareholder is an entity, rather than an individual, provide the individual***
- ***ownership of that entity as well***
- *For Non-Profit entities, list Board Members*

Name: _____

Title: _____

Address: _____

City: _____ ST: _____ Zip: _____

SSN-TAXID: _____ % Ownership: _____

Proprietor____ Partner____ Limited Partner____ Gen. Partner____

LLC-Member ____ Stockholder ____ Corporate Officer ____

Name: _____

Title: _____

Address: _____

City: _____ ST: _____ Zip: _____

SSN-TAXID: _____ % Ownership: _____

Proprietor____ Partner____ Limited Partner____ Gen. Partner____

LLC-Member ____ Stockholder ____ Corporate Officer ____

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Name: _____ Title: _____ Address: _____ City: _____ ST: _____ Zip: _____ SSN-TAXID: _____ % Ownership: _____ Proprietor___ Partner___ Limited Partner___ Gen. Partner___ LLC-Member___ Stockholder___ Corporate Officer___	Name: _____ Title: _____ Address: _____ City: _____ ST: _____ Zip: _____ SSN-TAXID: _____ % Ownership: _____ Proprietor___ Partner___ Limited Partner___ Gen. Partner___ LLC-Member___ Stockholder___ Corporate Officer___
Name: _____ Title: _____ Address: _____ City: _____ ST: _____ Zip: _____ SSN-TAXID: _____ % Ownership: _____ Proprietor___ Partner___ Limited Partner___ Gen. Partner___ LLC-Member___ Stockholder___ Corporate Officer___	Name: _____ Title: _____ Address: _____ City: _____ ST: _____ Zip: _____ SSN-TAXID: _____ % Ownership: _____ Proprietor___ Partner___ Limited Partner___ Gen. Partner___ LLC-Member___ Stockholder___ Corporate Officer___

<p><u>Please indicate whether or not your facility offers the following:</u></p> <p>Separate Units for Young Adults (Ages 21 through 64): _____ (Y/N) # of Beds: _____ Pediatrics: _____ (Y/N) # of Beds: _____ Ventilator: _____ (Y/N) # of Beds: _____ Behavioral Management: _____ (Y/N) # of Beds: _____ Private Long Term Care: _____ (Y/N) # of Beds: _____ Alzheimer's / Dementia: _____ (Y/N) # of Beds: _____ IV Therapy: _____ (Y/N)</p>	<p style="text-align: center;"><u>Chronic Dialysis:</u></p> <p>Performed by In-House Staff: Peritoneal: _____ (Y/N) Hemodialysis: _____ (Y/N) Performed by Outside Firm: Peritoneal: _____ (Y/N) Hemodialysis: _____ (Y/N)</p>
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<p><u>Assisted Living Programs and Alternate Family Care list counties served from office site listed on page one.</u></p>	

<p><u>Please answer the following questions (attach additional sheets if necessary).</u></p> <p>1. Have you or any person mentioned in this application ever had an interest, directly or indirectly, in any application for health care facility in New Jersey or any other state, which was denied or revoked?</p> <p>_____ (Y/N) If yes, indicate whom and give details (<i>attach additional sheets if necessary</i>): _____</p> <p>_____</p>

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2. Do any of the principals have ownership, management or operational interest in any other licensed health care facility in New Jersey, or any other state?

_____ (Y/N) If yes, indicate whom and give details (*attach additional sheets if necessary*): _____

3. Are you related to any person who now operates or has ever operated a health care facility in New Jersey or elsewhere?

_____ (Y/N) If yes, indicate whom and give details(*attach additional sheets if necessary*): _____

4. Have any principals, owners, operators or managers of the facility ever been found guilty of a criminal or administrative charge of resident/patient fraud, abuse and/or neglect? Have any of these ever been indicted for the same charge?

_____ (Y/N) If yes, indicate whom and give details (*attach additional sheets if necessary*): _____

5. Have any principals, owners, operators or managers of the facility ever been indicted for or convicted of a felony crime?

_____ (Y/N) If yes, indicate whom and give details(*attach additional sheets if necessary*): _____

CERTIFICATION

The applicant certifies:

- 1) that all information contained in this application and attachments is true and correct, to the best of his/her knowledge and belief, and that willful misrepresentation of these facts may make the applicant subject to civil penalties;
- 2) that the application been duly authorized by the governing body of the applicant; and
- 3) that the facility has been and will be operated in accordance with applicable licensing requirements.

Name of authorized individual completing form (print or type)

Title

Signature

Date

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APPENDIX F

New Jersey Department of Health and Senior Services
Division of Health Facilities Evaluation and Licensing
PO Box 358
Trenton, NJ 08625-0358

APPLICATION FOR A HEALTH CARE FACILITY LICENSE RENEWAL

Facility ID:	License #:	Expiration Date:	Date of Application:	Date of Check/Money Order:
Medicare #:	Medicaid #:		Check / Money Order Number: No.	Amount of Check/Money Order: \$
Official Name of Facility (Provider Name):			Owner / Corporation Name (Licensed operator):	
Site Address:			Address:	
City :	State:	Zip:	City:	State: Zip:
County:			Telephone Number:	Fax Number: Tax EIN:
Telephone Number:	Fax Number:	Facility Email Address:	Name of Management Company (if applicable): _____ Doing Business As: _____ Address: _____ City: _____ State: _____ Zip: _____ Name of Management Company Contact (First, Last): _____ Title: _____ Telephone Number: _____	
Name of Administrator: _____ License Number (LNHA if applicable): _____				
Type of Facility: _____ Total License Capacity:..... Title 18:..... Title 19:..... Title 18/19:..... Bed Type(s):				

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Type of Ownership: (check one)

- 1) *Corporation ☐ Limited Liability Company ☐ Limited Partnership ☐ Proprietorship ☐ Partnership ☐
 Religion Affiliated ☐ Government: (Federal ☐ State ☐ County ☐ City ☐ City/County ☐ Hospital District ☐
 Other ☐ (specify) _____

*If the corporate entity is a wholly – owned subsidiary, please identify the parent corporation:

- 2) Above Ownership type is: For-Profit ☐ Non-Profit ☐

Building Identification: (check one)

_____ Wholly owned by licensed operator identified within:

_____ Leased – Owner of physical assets:

☐ Lease Attached * **IF THE BUILDING IS LEASED, A COPY OF THE LEASE MUST BE ATTACHED FOR RENEWAL OF YOUR FACILITY LICENSE ***

Name and Title of Individual or Current Registered Agent Upon Whom Orders May be Served (Must be NJ Resident):

Name: _____

Address: _____

City, State, Zip: _____

Name of Facility:

Facility ID:

License #:

Expiration Date:

OWNER, OFFICERS, PARTNERS, STOCKHOLDERS, CORPORATE OFFICERS, BOARD MEMBERS

IDENTIFY 100% OF THE OWNERSHIP BELOW (attach additional sheets if necessary)

- IF OWNER IS AN ENTITY, IDENTIFY INDIVIDUAL PERSONS WHO MAKE UP THE ENTITY
- IF APPLICABLE, PLEASE ATTACH LIST OF BOARD MEMBERS

Name:

SSN -TAXID:

Ownership: %

Title:

Proprietor ☐ Partner ☐
 Limited Partner ☐
 General Partner ☐ LLC-Member ☐
 Stockholder ☐
 Corporate Officer ☐ Board Member ☐

Name:

SSN - TAXID:

Ownership %

Title:

Proprietor ☐ Partner ☐
 Limited Partner ☐
 General Partner ☐ LLC-Member ☐
 Stockholder ☐
 Corporate Officer ☐ Board Member ☐

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<p>Name: _____</p> <p>SSN - TAXID: _____ Ownership: % _____</p> <p>Title: _____</p> <p style="text-align: center;"> Proprietor<input type="checkbox"/> Partner<input type="checkbox"/> Limited Partner<input type="checkbox"/> General Partner <input type="checkbox"/> LLC-Member<input type="checkbox"/> Stockholder<input type="checkbox"/> Corporate Officer<input type="checkbox"/> Board Member<input type="checkbox"/> </p>	<p>Name: _____</p> <p>SSN - TAXID: _____ Ownership % _____</p> <p>Title: _____</p> <p style="text-align: center;"> Proprietor<input type="checkbox"/> Partner<input type="checkbox"/> Limited Partner<input type="checkbox"/> General Partner <input type="checkbox"/> LLC-Member<input type="checkbox"/> Stockholder<input type="checkbox"/> Corporate Officer<input type="checkbox"/> Board Member<input type="checkbox"/> </p>
<p>Name: _____</p> <p>SSN - TAXID: _____ Ownership: % _____</p> <p>Title: _____</p> <p style="text-align: center;"> Proprietor<input type="checkbox"/> Partner<input type="checkbox"/> Limited Partner<input type="checkbox"/> General Partner <input type="checkbox"/> LLC-Member<input type="checkbox"/> Stockholder<input type="checkbox"/> Corporate Officer<input type="checkbox"/> Board Member<input type="checkbox"/> </p>	<p>Name: _____</p> <p>SSN - TAXID: _____ Ownership % _____</p> <p>Title: _____</p> <p style="text-align: center;"> Proprietor<input type="checkbox"/> Partner<input type="checkbox"/> Limited Partner<input type="checkbox"/> General Partner <input type="checkbox"/> LLC-Member<input type="checkbox"/> Stockholder<input type="checkbox"/> Corporate Officer<input type="checkbox"/> Board Member<input type="checkbox"/> </p>

Name of Facility: _____	Facility ID _____	License #: _____	Expiration Date: _____
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Please answer the following questions (attach additional sheets if necessary).

1: Have you or any person mentioned in this application ever had an interest, directly or indirectly, in any application for health care facility approval in New Jersey, or any other state, which was denied or revoked? _____ (yes/no)

If yes, indicate whom and give details:

2: Do any of the principals have an ownership, management or operational interest in any other licensed health care facility in New Jersey, or any other state? _____ (yes/no)

If yes, explain and give name and address of each facility:

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3: Are you related to any person who now operates or has ever operated a health care facility in New Jersey or elsewhere? _____ (yes/no)

If yes, give name and address of facility, and full name and relationship of relative:

4: Have any principals, owners, operators or managers of the facility ever been found guilty of a criminal or administrative charge of resident/patient fraud, abuse and/or neglect? Have any of these ever been indicted for the same charge? _____ (yes/no)

If yes, explain in detail:

5: Have any principals, owners, operators or managers of the facility ever been indicted for or convicted of a felony crime? _____ (yes/no)

If yes, explain in details:

CERTIFICATION

The applicant certifies:

- 1) that all information contained in this application and attachments is true and correct, to the best of his/her knowledge and belief, and that willful misrepresentation of these facts may make the applicant subject to civil penalties;
- 2) 2) that the application has been duly authorized by the governing body of the applicant; and
- 3) 3) that the facility has been and will be operated in accordance with applicable licensing requirements.

<i>Name of authorized individual completing form (print or type)</i>	<i>Title</i>
<i>Signature</i>	<i>Date</i>